

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission ..... 04/05/2022 22:20 (SGT)  
Date of Accident ..... 02/05/2022 12:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CTE TOWARDS CITY BEFORE BRADDELL ROAD EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMV4138R

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TOK GUAT CHOO  
NRIC No ..... SXXXX976Z  
Email Address ..... DOREENTOKGC@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-93351919  
Alternative Phone No ..... +65-93351919

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Wish  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1798

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D21MTPV01016992  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KOH SOON HUAT  
NRIC No ..... SXXXX889D

Date Of Birth .....	17/01/1958
Occupation .....	Indoor
Date Of Driving Pass .....	09/06/1977
Driving experience .....	44 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93351919
Alt. Phone Number .....	-
Email Address .....	DOREENTOKGC@GMAIL.COM
Address .....	BLK 115 WHAMPOA ROAD
Address complement .....	#02-103
Postcode .....	320115
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MR. CHONG
Gender .....	Male

#### PASSENGER 2

Name .....	MRS. SAWMVIKEE
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Kampong Java Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002959999
Alt. Police Station Phone No .....	(Fax) +65-63913442
Police Station Address .....	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220503/2019

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SML2839S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	KOH SOON HUAT
Gender .....	Male
Phone No .....	(Phone) +65-93351919
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	HEAD AND SHOULDER
Injured person in which vehicle? .....	SMV4138R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No




## Describe Circumstances of the Accident

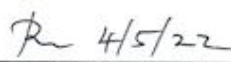
Refer to Police Report  
7/20220503/2019

## Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time

  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

  
Witnessed by Reporting Centre  
Personnel



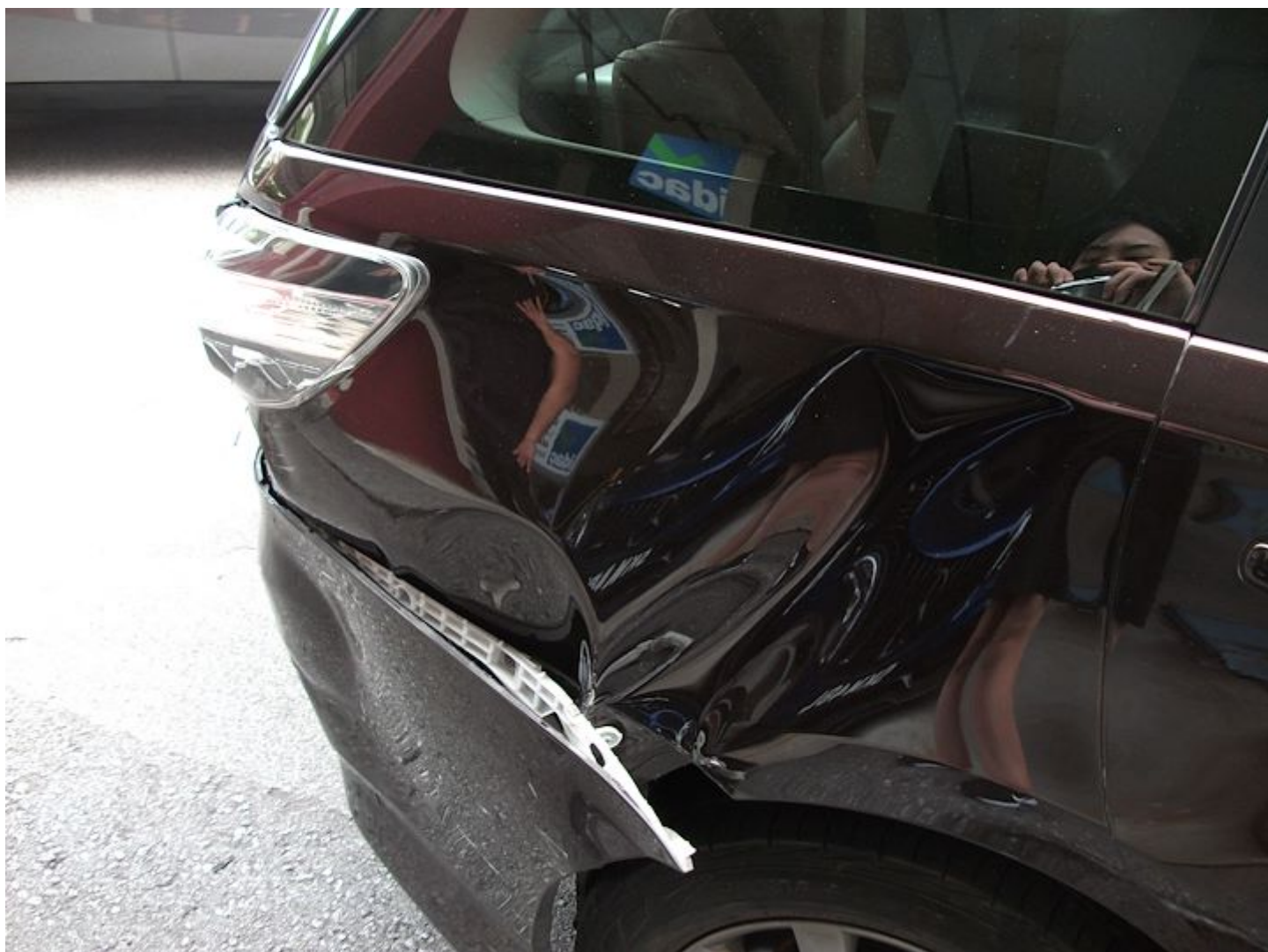





























**SINGAPORE  
POLICE FORCE**


T/20220503/2019

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

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Report No. T/20220503/2019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/05/2022 12:08		Vide Report No.:		Station Diary No.: 26
<b>Informant's Particulars</b>				
Name of Informant: KOH SOON HUAT		Address: APT BLK 115 WHAMPOA ROAD #02-103 SINGAPORE 320115		
ID Type / ID No.: NRIC NO / S1315889D		Contact No.: Home/Office: Mobile: 93351919		
Nationality: SINGAPORE CITIZEN		Email: doreentokgc@gmail.com		
Sex: Male	Age: 64	Date of Birth: 17/01/1958	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: GRAND GROCERY STAFF		Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/05/2022 12:00	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicle and Stationary Vehicle			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SML2839S	Car					1
SMV4138R	Car				Seriously Damaged	2

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





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T/20220503/2019

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

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Report No. T/20220503/2019

**CONTINUATION OF REPORT**

Driver			
Name	KOH SOON HUAT	ID No.	S1315889D
Related Vehicle	SMV4138R (Car)	Contact No.	93351919
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/05/2022	Date Discharge	03/05/2022
No. of Days granted Medical Leave	05	Degree of Injury	NIL

**Brief Details.**

On 02/05/2022 at about 1200hrs, I was driving my vehicle, registration number SMV4138R along CTE towards City before braddell road exit. I was travelling along the last or the second last lane on the left. The vehicle in front of me jammed brake, hence I also applied brake and came to a stop. After my car came to a stop, I felt an impact from the back of my car. The impact caused my car to move towards the right lane. I then drove to the road shoulder and parked there. The car (registration number SML2839S) which collided onto me stopped behind me. I spoke to the driver of SML2839S who denied colliding onto my vehicle. We did not exchange particulars as the driver of SML2839S denied colliding onto me and I do not wish to argue with him. I do not have any in-car camera.

I have sought medical treatment at Tan Tock Seng Hospital on the 02/05/2022. I have suffered head and shoulder injuries due to the accident. I was given 5 days of MC.



# SINGAPORE POLICE FORCE



T/20220503/2019

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Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

Report No. T/20220503/2019

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:  
E /  
SR STAFF SGT SEOW HONG  
DE, XAVIER

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
03/05/2022 12:08

Officer In Charge Of Case:  
TP / AEIT /  
SSI TAY CHUN KEEN  
Contact No.: 65476436

Classification Of Case:

NP168